Continence Current Awareness Bulletin
May 2018

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Title: The canary in the coal mine: Continence care for people with dementia in acute hospital wards as a crisis of dehumanization.

Citation: Bioethics; May 2018; vol. 32 (no. 4); p. 251-260
Author(s): Boddington, Paula; Featherstone, Katie

Abstract: Continence is a key moment of care that can tell us about the wider care of people living with dementia within acute hospital wards. The spotlight is currently on the quality of hospital care of older people across the UK, yet concerns persist about their poor treatment, neglect, abuse, and discrimination within this setting. Thus, within hospitals, the care of people living with dementia is both a welfare issue and a human rights issue. The challenge of continence care for people living with dementia can be seen as the ‘canary in the coal mine’ for the unravelling of dignity within the acute setting. This paper draws on an ethnographic study within five hospitals in England and Wales, selected to represent a range of hospital types, geographies and socio-economic catchments. Observational fieldwork was carried out over 154 days in acute hospitals known to admit large numbers of people living with dementia. This paper starts to fill the gap between theory and data by providing an in-depth ethnographic analysis examining the ways in which treatment as a person is negotiated, achieved or threatened. We examine how the twin assaults on agency of a diagnosis of dementia and of incontinence threaten personhood. The acute threats to this patient group may then act to magnify perils to treatment as a person. Our findings suggest that personal dignity and the social construction of moral personhood are both threatened and maintained in such a setting. We show how empirical ethnographic data can lend weight to, and add detail to, theoretical accounts of moral personhood and dignity.

Title: Managing faecal incontinence.

Citation: British Journal of Nursing; Apr 2018; vol. 27 (no. 7); p. 378-381
Author(s): Ness, Wendy

Abstract: The article discusses the management of faecal incontinence in nursing contexts. Topics include the prevalence and causes of faecal incontinence, the relation of faecal incontinence to anal sphincters, and the treatment of faecal incontinence. Also addressed are reflexes related to faecal incontinence, the significance of colonic transit, and coping strategies to help patients.

Title: Management of incontinence associated dermatitis.

Citation: Independent Nurse; Apr 2018; vol. 2018 (no. 4); p. 22-24
Author(s): Hoyle, Joanne

Abstract: Joanne Hoyle discusses how nurses can treat and manage dermatitis brought on by incontinence.
Title: Report and Research Agenda of the American Geriatrics Society and National Institute on Aging Bedside-to-Bench Conference on Urinary Incontinence in Older Adults: A Translational Research Agenda for a Complex Geriatric Syndrome.

Citation: Journal of the American Geriatrics Society; Apr 2018; vol. 66 (no. 4); p. 773-782

Author(s): Vaughan, Camille P.; Markland, Alayne D.; Smith, Phillip P.; Burgio, Kathryn L.; Kuchel, George A.; the American Geriatrics Society/National Institute on Aging Urinary Incontinence Conference Planning Committee and Faculty

Abstract: The American Geriatrics Society, with support from the National Institute on Aging and other funders, held its ninth Bedside-to-Bench research conference, entitled "Urinary Incontinence in the Older Adult: A Translational Research Agenda for a Complex Geriatric Syndrome," October 16 to 18, 2016, in Bethesda, Maryland. As part of a conference series addressing three common geriatric syndromes—delirium, sleep and circadian rhythm disturbance, and urinary incontinence—the series highlighted relationships and pertinent clinical and pathophysiological commonalities between these conditions. The conference provided a forum for discussing current epidemiology, basic science, and clinical and translational research on urinary incontinence in older adults; for identifying gaps in knowledge; and for developing a research agenda to inform future investigative efforts. The conference also promoted networking involving emerging researchers and thought leaders in the field of incontinence, aging, and other fields of research, as well as National Institutes of Health program personnel.

Title: Nursing management of patients with faecal incontinence.

Citation: Nursing Standard; May 2018; vol. 33 (no. 2); p. 69-74

Author(s): Barrie, Mariama

Abstract: Faecal incontinence is a condition that can develop as a result of age, injury or long-term conditions, and may be associated with significant stigma for those affected. Symptoms of faecal incontinence include leakage of flatus and faeces, and the condition can affect people of any age, although it is most prevalent in older people. Faecal incontinence is a subject that might not be openly discussed by patients and healthcare professionals; therefore, it is important for nurses to be aware of its signs, symptoms, causes and risk factors, so that they can identify patients at high risk. This article provides an overview of faecal incontinence, exploring its causes, psychological effects for patients, and conservative and specialised management measures, as well as the nurse's role in providing treatment and support.

Title: Assessment and management of urinary incontinence in women.

Citation: Nursing Standard; May 2018; vol. 33 (no. 2); p. 75-82

Author(s): Stewart, Ellie

Abstract: Urinary incontinence is a common and usually hidden issue that can affect women of all ages. It is often ignored by the patient because of their misconception that incontinence is an inevitable consequence of ageing and their low expectations of successful treatment. There are various types of incontinence, with symptoms that can significantly affect patients' quality of life. This article aims to enhance nurses' understanding of the types of urinary incontinence affecting women, associated risk factors and continence assessment, as well as the initial investigations.
and conservative treatments that can be instigated by general nurses. It also discusses some of the advanced treatments offered by specialist services. The article emphasises the importance of undertaking a holistic continence assessment to ensure appropriate continence care is provided, and how tailoring this care to the individual can improve adherence to treatment plans.

**Title:** Incontinence-associated dermatitis in older people: prevention and management.

**Citation:** British Journal of Community Nursing; May 2018; vol. 23 (no. 5); p. 218-224

**Author(s):** Yates, Ann

**Abstract:** The article discusses the prevention and management of incontinence-associated dermatitis (IAD) in older people. Topics covered include factors that make incontinence more prevalent in older people, the contribution of age to skin fragility, and skin care regime for the prevention and management of IAD.

**Title:** Clean intermittent self-catheterisation and multiple sclerosis.

**Citation:** British Journal of Community Nursing; May 2018; vol. 23 (no. 5); p. 229-230

**Author(s):** Simpson, Paula

**Abstract:** The article discusses the use of clean intermittent self-catheterisation (CISC) for bladder dysfunction patients with long-term conditions such as multiple sclerosis (MS). Topics covered include conservative interventions to counsel to patient before CISC to prevent poor patient compliance, the need to provide the patient with a selection of catheters to trial, and available guidance on the use of CISC to manage MS-associated bladder dysfunction.

**Title:** Frailty Predicts Incident Urinary Incontinence Among Hospitalized Older Adults—A 1-Year Prospective Cohort Study.

**Citation:** Journal of the American Medical Directors Association; May 2018; vol. 19 (no. 5); p. 422-427

**Author(s):** Chong, Edward; Chan, Mark; Lim, Wee Shiong; Ding, Yew Yoong

**Objectives:** The relationship between frailty and urinary incontinence (UI) remains highly complex. There is limited data on the impact of frailty on new-onset UI among hospitalized older adults. Thus, we examined the ability of frailty to predict incident UI among them.

**Design:** Prospective cohort study.

**Setting:** Acute geriatric unit at a large teaching hospital.

**Participants:** Older adults hospitalized for an acute medical illness.

**Measurements:** Premorbid frailty was defined as having 3 of 5 items, namely fatigue, resistance, ambulation, illnesses, and loss of weight (FRAIL scale). Data on demographics, comorbidities, severity of illness, and functional status were gathered. Premorbid UI and UI at discharge and 6 and 12 months after hospitalization were identified. Logistic regression analysis was performed to examine how well frailty predicted incident UI at discharge and at 6 and 12 months following hospitalization. The independent predictive value of UI on mortality was also examined.
Results: Among 210 participants (mean age 89.4 ± 4.6 years; 69.5% female; 50.0% frail), UI was present in 47.6%, with a higher prevalence among frail individuals (64.8% vs 30.5%, P < .001). Incident UI was more common in frail participants (at discharge: 24.3% vs 9.6%, P = .038; 6 months: 43.2% vs 21.7%, P = .020; and 12 months: 56.8% vs 33.3%, P = .020). Death among UI patients increased over time following hospitalization (at discharge: 6.0% vs 1.8%, P = .114; 6 months: 32.0% vs 9.1%, P < .001; and 12 months: 42.0% vs 13.6%, P < .001). Premorbid UI independently predicted mortality [6 months: odds ratio (OR) 3.10, 95% confidence interval (CI) 1.34-7.17, P = .008; 12 months: OR 3.41, 95% CI 1.59-7.32, P = .002], adjusting for age, sex, severity of illness, and frailty. Frailty predicted incident UI and/or death over time (at discharge: OR 2.98, 95% CI 1.00-8.91, P = .050; 6 months: OR 2.86, 95% CI 1.13-7.24, P = .027; 12 months: OR 2.67, 95% CI 1.13-6.27, P = .025), adjusting for age, sex, and severity of illness.

Conclusion: Frailty is associated with UI, and predicts incident UI and/or death, even up to 12 months following hospitalization. Hence, greater emphasis should be given to identifying and managing UI during hospitalization and after discharge, especially among frail older adults.

Title: Inertia in nursing care of hospitalised patients with urinary incontinence.

Citation: Journal of Clinical Nursing; Apr 2018; vol. 27 (no. 7/8); p. 1488-1496

Author(s): Artero-López, Consuelo; Márquez-Hernández, Verónica V.; Estevez-Morales, María Teresa; Granados-Gámez, Genoveva

Objective: To assess the existence of therapeutic inertia in the nursing care of patients with urinary incontinence during the patient's time in hospital, together with the sociodemographic and professional variables involved.

Background: Inertia in care is a problem which appears in the nursing care process. Actions related to inertia can be attributed to not adhering to protocols, clinical guidelines and the lack of prevention measures which have undesirable effects on the efficiency of care.

Design: This was a prospective observational study.

Methods: A total of 132 nursing professionals participated over two consecutive months. Data were collected randomly through the method of systematic, nonparticipative observation of medical practice units and patients' medical records.

Results: The results showed a pattern of severely compromised action in the assessment of the pattern of urinary elimination, in actions related to urinary continence, in therapeutic behaviour and in patient satisfaction and were found to be consistent with professional experience (p < .05). In the 600 records analysed, no statistically significant differences were found between gender and the use of records. In 50% (n = 301), the use of a rating scale was not reflected. In over 90% (n = 560) of cases, the type of incontinence was not recorded. In no continuity of care report were recommendations regarding incontinence included, nor was the type of continence products recommended indicated. Conclusion: It is clear that inertia exists in nursing care in the hospital environment while the patient is hospitalised, in prevention care, in the treatment of urinary incontinence and in the management of records. Relevance to clinical practice: Contributing to the understanding of the existence of inertia in nursing care raises questions regarding its causes and interventions to predict or monitor it.

Title: Incontinence-associated dermatitis: why do we need a core outcome set for clinical research?

Citation: Wounds International; Apr 2018; vol. 9 (no. 2); p. 21-25

Author(s): Beeckman, Dimitri; Smet, Steven; Van den Bussche, Karen
Title: Physiotherapist takes part in care home incontinence trial.

Citation: Frontline (20454910); Jul 2017; vol. 23 (no. 13); p. 10-10
Author(s): Hitchcock, Gill

Title: Incontinence-associated dermatitis in older people: prevention and management.

Citation: British journal of community nursing; May 2018; vol. 23 (no. 5); p. 218-224
Author(s): Yates, Ann

Sources Used
The following databases are searched on a regular basis in the development of this bulletin:

British Nursing Index, Cinahl, Medline, King’s Fund & Health Foundation

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